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CONFIRMATION NO. 6829

<b>SERIAL NUMBER</b> 09/554,960	<b>FILING OR 371(c) DATE</b> 02/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> 15280-3421PC
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**\*\* CONTINUING DATA \*\*\*\*\*** *Am2*

This application is a 371 of PCT/US98/25742 12/04/1998 which is a CIP of 60/067,596 12/05/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None Am2***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Am2</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

20350

**TITLE**

Vaccines for blocking transmission of plasmodium vivax

<b>FILING FEE RECEIVED</b> 2594	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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